



PTO/SB/17 (08-00)
Approved for use through 9/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE ollection of information unless it displays a valid OMB control number.

| , | Complete If Known | | | | | | | | | |
|--|---|---|------------|------------|---------------------------------------|---|-------------|-------------|---------------|--|
| FEE TRANSMITTAL | Application Number | | | | 09/890,154 | | | | | |
| DIPE Patient fees are subject to annual revision. | Filing Date | | | | | 27 July 2001 | | | | |
| 1. 3 | First Named Inventor | | | | | LOUIS LAGLER | | | | |
| OCT 2 3 2001 (E) | Examiner Name | | | 十 | to be assigned | | | | | |
| A STATE OF THE STA | Group/Art Unit | | | | 十 | to be assigned | | | | |
| TOTAL AMOUNT OF PAYMENT (\$)130.00 | | Attorney Docket No. | | | | P56559PCT | | | | |
| METHOD OF PAYMENT (check one) | 7 | <u></u> | | | | E CALCULATION (continued) | | | | |
| The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: | 3. ADDITIONAL FEES | | | | | | | | | |
| Deposit Account Number: 02-4943 | Large Entity Small Entity | | | | | | | | | |
| Deposit Account Number: | Fee | Fee Fee Fee Fee Code (\$) Code (\$) | | | Fee Description | | | | Fee Paid | |
| Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and | 105 | 130 | 205 | 65 | Surc | harge-late filing fee | e or oath | | \$ | |
| 1.17. Applicant claims small entity status. See 37 CFR 1.27 | 127 50 227 25 Surcharge-late provisional filing fee or cover sheet | | | | r sheet \$ | | | | | |
| | 139 | 130 | 139 | 130 | | English specification | | : | \$ | |
| 2.■ Payment Enclosed: (CHECK #40506) | 147 | 2,520 | 147 | 2,520 | | ling a request for re | | | \$ | |
| ■ Check □ Credit Card □ Money Order □ Other | 112 | 920* | 112 | 920* | Requartion | uesting publication on | of SIR p | orior to Ex | xaminer \$ | |
| FEE CALCULATION | 113 | 1,840 * | | 1,840* | | uesting publication | | | 1 | |
| 1. BASIC FILING FEE | 115 | 110 | 215 | 55 | | nsion for reply with | | | \$ \$ | |
| Large Entity Small Entity | 116 117 | 390 890 | 216 217 | 195 445 | | nsion for reply with nsion for reply with | | | \$ \$ | |
| Fee Fee Fee Fee Code (\$) Fee Description Fee Paid | 118 | 1,390 | 217 | 695 | | , , | | | \$ | |
| 101 710 201 355 Utility filing fee \$ | 128 | 1,890 | 228 | 945 | | | | | \$ | |
| 106 320 206 160 Design filing fee \$ | 119 | 310 | 219 | 155 | | Notice of Appeal \$ | | | | |
| 107 490 207 245 Plant filing fee \$ | 120 | 310 | 220 | 155 | | Filing a brief in support of an appeal \$ | | | | |
| 103 710 208 355 Reissue filing fee \$ | 121 | 270 | 221 | 135 | | Request for oral hearing \$ | | | \$ | |
| 114 150 214 75 Provisional filing fee \$ | 138 | 1,510 | 138 | 1,510 | Petit | Petition to institute a public use proceeding \$ | | | | |
| SUBTOTAL (1) (\$) 0.00 | 140 | 110 | 240 | 55 | Petit | Petition to revive - unavoidable \$ | | | | |
| 2. EXTRA CLAIM FEES | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional \$ | | | | | |
| · Extra Fee from Fee | 142 | 1,240 | 242 | 620 | Utility | y issue fee (or reis: | sue) | | \$ | |
| Claims below Paid | 143 | 440 | 243 | 220 | Desi | gn issue fee | | | \$ | |
| Total claims -20** = x 18 = | 144 | 600 | 244 | 300 | Plant issue fee \$ | | | \$ | | |
| Independent - 3** = x 84 = | 122 | 130 | 122 | 130 | Petitions to the Commissioner \$ | | | • | | |
| Claims | 123 | 50 | 123 | 50 | | ions related to prov | | | \$ | |
| Multiple Dependent = | 126 | 240 | 126 | | | | | | | |
| ** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity | 581 | 40 | 581 | 40 | | (Times number of properties) \$ | | | | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) | 146 | 710 | 246 | 355 | | Filing a submission after final rejection (37 C.F.R. §1.129(a)) | | | | |
| 103 18 203 9 Claims in excess of 20 | 149 | 710 | 249 | 355 | | each additional inve C.F.R. §1.129(b)) | ention to b | e examine | d \$ | |
| 102 84 202 42 Independent claims in excess of 3 | | | | | ζ | C G (=,,, | | | | |
| 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims over | | | | | | | | | | |
| 109 84 209 42 ** Reissue independent claims over original patent | Other Fee (specify) Fee Code 154, Surcharge-oath or declaration \$ 130.00 | | | | | | | | | |
| 110 18 210 9 ** Reissue claims in excess of 20 and over original patent | Other | after 20/30 months from Priority Date Other Fee (specify) \$ | | | | | | | | |
| ** Reduced by Basic F | | | | | | | | | | |
| SUBTOTAL (2) (\$) 0.00 | | | | | | | | | | |
| SUBMITTED BY | | | | | | Complete (if applicable) | | | | |
| Typed or Printed Name Robert E. Bushr | Robert E. Bushn II, Esq. | | | | | eg. Number | | 27,7 | 774 | |
| Signature Act I and I | ate | Oct | ober 2 | 23, 200 |)1 | Deposit Acc User ID | unt | | | |